

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
NO	DEP	NO	DEP	NO	DEP	
1						31
2						32
3						33
4						34
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TOTAL NO.						TOTAL NO.
TOTAL DEP.						TOTAL DEP.
TOTAL CLAIMS						TOTAL CLAIMS